KANSAS MEDICAL JOURNAL.

VOL. IX. TOPEKA, KANSAS, SATURDAY, AUGUST 14, 1897. No. 33.

ORIGINAL ARTICLES.

Enucleation.

BY R. S. MAGEE, M.D., TOPEKA, KAS.

Read before the Topeka Academy of Medicine and Surgery August 9, 1897.

Enucleation literally means the shelling out of the eyeball. The shell out of which it is enucleated is Tenon's capsule. The globe proper is all that is removed—the conjunctiva and all the remaining tissues adjoining the eyeball being left behind. Bonnet has the credit of having been the first to introduce the operation, which he did upon the basis of his studies upon Tenon's capsule, and it is sometimes called Bonnet's capsule.

Before the anatomy of this capsule was well understood operators were in the habit of cutting the eyeball, as well as the soft parts surrounding it, very much in the same manner as a butcher is accustomed to do it.

When the surrounding structures, including Tenon's capsule, are lacerated and opened, hemorrhage finds its way into the interior of the sac—it fills, pushes forward, and becomes tense—lids swell, and you have an edematous condition present which requires considerable time to be absorbed. With the increased pressure brought about by the swelling, the conjunctiva is in danger—suffering from a dimunition in blood supply and is apt to slough. A similar condition is seen in cases where cornea sloughs due to extra ocular pressure, brought about by swollen lids or extensive subconjunctival extravasations of blood or serum. In cases of malignant growths of the structures within the orbit, exenteration of the orbit becomes necessary—a scooping out of the contents of the entire orbit—so that nothing but the bony walls of the orbit are left behind.

Indications for enucleation:

1. In cases of foreign bodies which have passed into the vitreous chamber and do not become encysted—setting up a plastic iridocyclitis accompanied by an increase of tension—which will sooner or later affect the fellow eye.

2. Injuries of the eye in which extravasations of blood pass into the interior of the organ—if not extensive, whether in the anterior or vitreous chamber, it may be absorbed, and very much more rapidly in the anterior chamber than in the vitreous. But if in large quantities and accompanied by an infection from a poisonous substance which produced the traumatism, the blood will become disintegrated and becomes an excellent soil in which micro-organisms thrive most luxuriantly.

3. Irido-cyclitis sympathetic—this is a condition arising from injury. It is usually a blind eye. If sympathetic trouble has already begun in the other eye, and serviceable vision still remains in the injured eye, enucleation should be delayed. Here a removal of the injured eye might remove the only chance for sight and total blindness result.

4. Sarcomata of the iris or ciliary body—small sarcomata of the iris might be removed by iridectomy, but large ones require enucleation of the globe entire.

5. Suppurative choroiditis—panophthalmitis—may arise (1) from penetrating injuries carrying the infection to parts within; (2) from progression inward of suppuration from without, *e.g.*, perforating ulcers or abscesses of the cornea and prolapse of the iris which is bathed in pus—the iris com-

municating the germs to the interior.

6. Phthisis bulbi — atrophy of all the structures—the shrinking mass frequently gives rise to repeated inflammatory attacks, and thus is a dangerous member, liable at any time to excite a sympathetic trouble.

7. Sarcomata and malignant tumors of the choroid demands immediate enucleation.

8. In glaucoma—enucleation is demanded when an eye has been rendered blind and is continually painful after an iridectomy and the use of all the other agencies to relieve the condition usually employed have been resorted to and failed.

9. In luxation of the lens either anteriorly or posteriorly and failure in its removal, if inflammatory conditions result—enucleation is the best means of averting the danger of a sympathetic affection of the other eye.

10. Glaucoma of the retinademands removal and that early.

11. Hemorrhage following cataract — which cannot be arrested in any other way.

12. Cosmetic considerations in a blinded and very disfiguring eye — the removal will allow the wearing of an artificial eye instead.

The case I am about to report to you comes under classification five—infection carried inward by means of a perforating ulcer setting up an irido-cyclitis with an involvement of the choroid.

Case—X Y., aged 19. Some five weeks ago thought something had gotten into the eye—felt gritty and smarted, and in five days afterwards eyelids swelled and a copious creamy discharge began to pour out from between the lids. Lids were tense—the increased pressure producing intense pain and suffering. Three weeks after lost the sight of it. Near the end of the fourth week a staphylomatous condition presented in the upper half of the cornea, and rupture of the cornea followed with prolapse of the iris; this was followed by nausea and vomiting. Hypodermic injections of morphia were given to relieve pain. At the close of the fourth week the patient was brought to this city for treatment. The prolapse of the iris still existed, and but a small amount of discharge present. Lids were swollen. Eye painful to light and pressure near the corneal center; pus was showing, pushing up from the vitreous, looking like a boil *ready* to *open*. The other eye extremely sensitive to light, and for that reason kept it closed continually. The temperature on arrival was 99° F. Pulse somewhat quickened. Bowels constipated; retention of urine; loss of appetite, and vomiting.

The eye was irrigated and the antiseptic plan of treatment followed. In three days the temperature arose to 103.6°. Pulse 126—preceded by a chill; complaining of some soreness in the abdomen and left region. I called Dr. McClintock, and together we made a careful examination of the abdomen. It showed some thickening and apparent swelling in the ileo-cecal region—no tenderness on pressure. Two weeks before the eye trouble began a history was given of some bowel trouble accompanied by fever and confinement to bed for a few days. The patient did not know the character of the trouble, at least did not remember. Examination of genito-urinary tract revealed nothing pathological. On examination of the throat found tonsils enlarged and swollen; crypts emptying out a yellowish creamy pus. Breath foul. Previous to this time had not complained of the throat. I had arranged for removal of the eye on the following morning, but on finding this condition present decided to postpone the removal until the throat symptoms would subside.

After waiting four or five days the throat trouble (acute tonsilitis) disappeared, and the eye was removed on July 31, '97. On removing the globe I introduced a glass sphere, which Dr. Alkire kindly loaned me, sewing the conjunctiva over it in the tobacco-bag suture form, leaving no raw spot uncovered. The sphere was previously boiled in 1-10,000 sublimate solution for one-half hour, also the instruments used in the operation.

On the third day the intra-conjunctival pressure was so great, pushing the sphere far forwards, seeming as if to tear out the sutures. I decided to remove it, which I

did. The conjunctival wound has closed entirely, ready for the insertion of the artificial eye.

The introduction of the artificial eye should be done just as soon as conjunctival wound has closed sufficiently to prevent any possible chance of infection to the cavity within and beyond. If this is done my observation has been that at least a less shrinkage of the intra-orbital tissues results.

In my treatment of this subject I have avoided wearying you with the detail and technique of the operation and instruments used, knowing that all of you are sufficiently acquaint with the procedure that a retelling would not interest you.

In concluding I will say that it is a fearful thing to be called to decide as to whether an eye should be enucleated—and to have to do the work—I always tremble; but it is a still more fearful thing to make the statement that the eye should not be removed, and allow the patient to go on and become totally blind from sympathetic ophthalmia.

Exophthalmic Goitre.

BY O. . DAVIS, M.D., TOPEKA, KAS.

Read before the Topeka Academy of Medicine and Surgery August 9, 1897.

Within the last few years the study of the ductless glands and the influence of their secretions on metabolism has had a peculiar fascination for physiologists and clinicians alike. The study of the blood as altered or elaborated or rendered defensive by these secretions has been suggestive of many possibilities in therapeutics. Yet the part any one of these metabolic glands plays in the animal economy is still speculative. The most important function of the liver is little understood. Of the functions of the spleen and adrenals we know next to nothing. And of the thyroid we only know that that its hypertrophy and its atrophy give rise to certain known and opposite effects.

This obscurity of function is, in the case of the thyroid, rendered a little less dense by the accessibility of the gland and the readiness with which any gross alterations in its size can be observed and compared with other attendant phenomena.

We all know that in some localities the "tumidum gutter" is endemic and very often associated with cretinism. We are also cognizant of another affection known as myxedema which is marked by a train of symptoms that have been found to be dependent on atrophy, or loss of function, of the thyroid gland.

But it is of a third malady, usually associated with an enlargement of the thyroid, that I wish to speak in particular, *viz.*, "Exophthalmic Goitre."

Unfortunately, this name, by which the disease is best known, is often a complete misnomer. For the exophthalmia and goitre may both be absent in cases where the correctness of the diagnosis is undoubted. Indeed, it frequently happens that one of these two cardinal symptoms is lacking in well marked cases of the disease. But such is not the rule; so we must accept the name as we find it, and be prepared for deviations from the recognized type.

Concerning the etiology of exophthalmic goitre there is much diversity of opinion. Inasmuch as no constant anatomical lesions are discoverable *post mortem* to which the symptoms may be referred, pathologists have come to classify these manifestations among the functional neuroses. It has been argued that a lesion involving the common nucleus of the glosso-pharyngeal, vagus and spinal accessory nerves and implicating the vaso-motor center in the bulb would explain all the nervous and arterial symptoms. Yet this would not account for the goitre itself, or the exophthalmia. Again, an irritative lesion in the first three cervical sympathetic ganglia, which distribute fibres to the heart, the eye, and the thyroid, has been urged as a solution of the pathological mystery. And in some cases this explanation may be valid. But such a causative disturbance is by no means in constant evidence.

The theory of toxic causative is supported

by stronger arguments in the light of modern investigations along the line of physiological chemistry. According to this view, the metabolic activity of certain organs, or of the body in its entirety, gives rise to certain toxic residual products, or toxalbumens, which circulate in the blood and which it is the function of the thyroid gland to neutralize by its antitoxic secretion. In a state of health, this secretion of the gland, or thyroidin, is presumed to be just sufficient to render inert the circulating toxines or thyro proteids which would otherwise act to the detriment of the animal organism. We know that atrophy or removal of the thyroid gland gives rise to a tendency on the part of the animal cell to revert to the embryonic type.

Mucoid degeneration and infiltration of the tissues set in as a result of the circulation of the unmitigated thyro-proteids, and all the symptoms follow that characterize myxedema.

It is well to observe that all the symptoms of myxedema are directly antithetical to those of exophthalmic goitre, which latter disease, if we accept the toxic theory, is due not to the circulation of thyro-proteid toxines, but to a hyper-secretion of the antitoxic thyrodin which by its excess acts as an irritant to the nervous centers, and gives rise to the symptoms which mark the disease. The spleen has been accredited with the elaboration of all, or the principal portion, of the thyro proteid toxines, and support in assigning it this attribute has been derived from an experiment on a dog where the removal of the spleen and subsequent removal of the thyrod resulted in perfect recovery, while the removal of the thyroid alone in many other experiments was followed by symptoms of myxedema, and ultimate death. Further evidence in support of the toxic theory may be found (1) in the favorable results derived from the use of the thyroid extract in myxedema and the untoward results of such treatment in exophthalmic goitre; (2) in the good results following the partial removal of the thyroid in exophthalmic goitre; (3) in the favorable results obtained by Gioffredi from the administration of the serum of a thyroidectomized dog in a case of exophthalmic goitre and the speedy return of the symptoms upon the suspension of the treatment. The theory of Thompson of New York that the disease is wholly due to intestinal toxines has not received support. If such a cause proved sufficient, exophthalmic goitre would be among the most common of diseases, whereas it is comparatively rare.

Age and sex are factors to be considered in connection with the etiology. The disease occurs more than eight times as frequently in females as in males, and is most common between the ages of 15 and 30. It is very rare in childhood and after 50. I can find no reported case where the disease has occurred in a patient past the age of 68.

The neuropathic constitution, tubercular diathesis and rheumatism are said to be predisposing factors, while fright, anxiety, shock, anger and other emotional disturbances are in very many cases so immediately related to the appearance of the disease as to compel their acknowledgment as exciting causes.

The cardinal symptoms of exophthalmic goitre are (1) enlargement of the thyroid, (2) exophthalmia, (3) tachycardia, and palpitation. To these three, Charcot added muscular tremor as a fourth in 1862. Tachycardia and tremor, according to competent observers, are the first symptoms to appear and last to disappear. They are the most important and invariable symptoms and may be considered essential. The tachycardia is associated with paroxysmal palpitation, small, soft pulse, of low tension, having a rate of between 120 and 250 per minute. Along with this there are pulsation of the systemic arteries, heaving impulse of the heart, cardiac hypertrophy, functional and perhaps organic murmurs.

The thyroid enlargement is not always present, being absent in about 10 per cent. of cases according to Cobb. The enlargement is usually greater on the right side and the tumor so constituted is pulsating, becoming larger during the paroxysms of palpitation and almost or quite disappearing after death. Exophthalmia is absent in 20

per cent. of all cases and where present disappears after death. Von Graefe's symptom, or lagging of the eyelids, is often present but absent in 85 per cent.

The tremor is coarse and becomes more pronounced under excitement. It is like the tremor of fatigue or weakness. Among other symptoms that are more or less variable or transitory are headaches, hyperesthesia, urticaria, flushings, sweats, mental irritability and restlessness, insomnia, variability of disposition. There is nearly always some digestive disturbance with diarrhœa that is copious but which strangely enough is not exhausting. There may be vomiting, dependent on gastric catarrh or more often of purely nervous origin. The appetite is fitful and there is often complete anorexia. There may be polyuria, albuminuria, or diabetes. The temperature is usually elevated from ½° to 1° above normal. There is hastiness in speech and action and the mental condition is often one of marked agitation. The voice may be lost or altered, and the expansibility of the chest is usually greatly diminished. To all these symptoms are to be added marked emaciation and anæmia.

With this view of the disease before our minds, allow me to present the report of a case in practice which I still have under observation and treatment.

Mrs. W., aged 73, native of U. S., resident of Topeka, widow, was first seen by me on June 17, 1897, at which time I was called on account of a violent attack of cardiac palpitation. On arrival the conspicuous features that attracted my immediate attention were the great agitation, the pulsating arteries, the extreme tachycardia, the heaving præcordia and the presence of a tumor in the anterior region of the neck, confined mostly to the right side.

On inquiry, the following family history was elicited: Father died of consumption; mother died suddenly of unknown cause at an advanced age. One brother died of consumption.

Of the personal history, it was ascertained that she has been the mother of a large family, and that a number of her children died in infancy of obscure causes. Influenza is about the only acute disease from which she has suffered. She has never had rheumatism, syphilis or any other disease that might have a bearing on the present condition. Although no neuropathic family history is obtainable, the patient is obviously possessed of a very excitable temperament.

She has received several injuries in past years, such as fractures, sprains and contusions, in consequence of falls to which she is a frequent victim. She does not remember that she has ever fallen without some such occasion as a mis-step or a tripping—in other words, there has been no astasia.

When a girl, the patient says, people used to call her "pop-eyed," but she is not conspicuous for this feature now.

The duration of the disease of which she is a victim is about thirty years, Just after the close of the civil war she says her attention was first called by a peddler to this elargement or tumor of her neck. She admits that this goitre may have existed some time before it came to her own notice and she is disposed to connect its appearance with a fright which she received on one occasion during the war. For some time before the goitre came to notice, the patient had been troubled with attacks of cardiac palpitation, which continued to occur, for a long period being of so mild a nature as to cause little inconvenience or alarm, but of late years becoming more and more severe. The goitre has become considerably larger than when first noticed, and is temporarily augmented in size during the cardiac paroxysms. Strange to say, of the many physicians who have seen the case in past years, no one has ever spoken of any connection existing between the circulatory disturbance and the goitre.

Physical Examination—Among the purely nervous symptoms we notice nervous headache, which is frequent and severe; insomnia, irritability of temper, hastiness of speech, tremor, especially of the hands and arms, less notably of legs and tongue. This tremor is the coarse tremor before described, and is aggravated during exertion, excite-

ment or attacks of cardiac palpitation. It seems to be somewhat controlable by an act of the will.

Of course nearly all the symptoms of this disease are traceable to the nervous system, but further manifestations will be considered in connection with the examination of special organs.

Special Senses—The eyes are little, if at all, affected. Vision is nearly normal. Spectacles which were formerly required on account of presbyopia have lately been abandoned. There is no exophthalmia. Von Græfe's sign is absent. The other special sense organs are not noticeably impaired.

Respiratory System—The voice is normal. There is no dyspnœa except that which is referable to the quickened breathing of excitement. The respiratory rate is about 26 in the intervals between the attacks of palpitation, and of course greater during such attacks. The lungs appear quite normal. There are no dullness, rales or other morbid signs. The thoracic expansibility is about one inch.

Circulatory System—On inspection a heaving impulse is observed over the cardiac region, most noticeable during the paroxysms. Also marked pulsation of the systemic arteries, especially those of the neck and of the tumor. The apex beat is not localized to the eye. Palpation confirms the above signs, discovers further a soft compressible pulse having a rate of between 175 and 250 during the paroxysms and of about 100 to 125 in the intervals. The finger-tips locate the apex of the heart in the sixth intercostal space about 1¼ inch to the right of the anterior axillary line.

Auscultation—The maximum intensity of the first sound is heard at the site of the apex as determined by palpation. As heard at this point the first sound is normal, the second sound accentuated. The aortic element of the second sound as heard at its usual point of maximum loudness is diminished in intensity. The pulmonic element of the second sound as heard over the second right intercostal space near sternum is markedly accentuated. In this locality there is also heard a soft, blowing systolic murmur which is not transmitted downward, but upward into the vessels of the neck and which is almost certainly of inorganic origin. This murmur was much more pronounced during the earlier days of my observation of the case than it is at present. There is also a systolic bruit to be heard at times over the goitre.

Percussion shows increased area of cardiac dullness in correspondence with signs otherwise obtained. As a result of this examination of the heart it may be said that there exists considerable hypertrophy, together with some dilatation of the left side of the heart accompanied by functional or inorganic murmurs, probably of anemic origin.

Digestive System—The tongue is red and resembles pounded beefsteak. There is anorexia, sometimes vomiting, frequent retching. The patient is easily nauseated. Great thirst is complained of. There is at times copious liquid diarrhœa, which does not seem at all prostrative. In addition to this there is hyperesthesia of the stomach and an insane desire, often expressed, to "tear it out and rend it into pieces."

Genito-Urinary System—Quanity of urine in 24 hours about two quarts, of normal color and odor, acid reaction, sp. gr. 1012. No albumen, no sugar, no casts, or unusual sediments.

Cutaneous System—The skin is frequently seen to be flushed, in areas, especially the neck and upper part of the chest. Profuse sweats are frequently experienced, especially at night or during sleep. Urticaria hyperesthesia, and rapid growth of hair have been observed. No pigmentation has occurred.

In addition to the special symptoms noted, mention should be made of the marked emaciation and anemia that exist, and of the temperature which is usually at least ½° above normal.

In further description of the tumor I may briefly say that it occupies the right anterior aspect of the neck from the supraclavicular region to about a level with the thyroid cartilage. It also involves the isthmus of

the gland, and the left lobe is distinctly palpable. The tumor feels quite elastic, but there are no cysts or areas of retrograde change so far as I can determine. The greatest circumference of the neck is about fifteen inches during the intervals of comparative repose, but is considerably greater during the paroxysms.

Treatment—This patient was placed upon a combination of digitalis, strophanthus and belladonna which seemed to relieve the circulatory symptoms. Morphine was not given at any time on account of an idiosyncracy. Bromides were administered to allay nervous irritability and promote sleep. Other symptoms such as diarrhœa, indigestion, etc., were met by the usual treatment appropriate to such conditions. The diarrhœa yielded very reluctantly to even the astringents. The patient has a great antipathy to drugs of however agreeable a nature and this has rendered the treatment to a certain degree unsatisfactory and ineffective. Her present condition is one of slow improvement, interrupted occasionally by attacks which are considerably milder than formerly. But the prospect for a cure in this case is of course hopeless. Only palliation and relief of the symptoms as they arise can be afforded.

Indeed all treatment is symptomatic and empirical in this disease thus far. Strophanthus has had more said in its favor than any other drug. Digitalis has also its warm advocates. Innumerable other drugs besides them have been recommended by different observers. The administration of the thyroid extract is contraindicated in this affection, and productive of harm. Lately the extract of the thymus has been productive of alleged cures. This treatment has an ardent advocate in the person of Dr. Solis-Cohen of Philadelphia, but it is difficult to understand on what rational basis the remedy has claim to success.

Removal of the entire thyroid has been practiced, but is invariably followed by myxedema; removal of a part of the gland has apparently led to cure in some reported cases. Section of the cervical sympathetic has likewise been credited with success.

The galvanic current or the sedative faradic current have both been recommended as remedial measures by different authorities. The great diversity in the plans of treatment laid down by various writers compels the practitioner to select his treatment, guided by his own judgment and having before his mind a rational working theory of the disease.

Rectal Treatment of Bronchiectasis In Children.

Medical News.

A treatment of bronchiectasis in children recommended by Molle is described in *La Semaine Medicale* as follows:

℞ Eucalyptol, 2 parts.
Tr. of benzoin, 10 parts.
Balsam of copaiba, 16 parts.
Creosote, 5 parts,
Sweet almond oil, 7 parts.
M.

This mixture is a clear and homogenous liquid, of which thirty drops may be given in milk as an enema. The mode of administration is important, The child is placed on its side with its knees slightly drawn up, and a soft rubber catheter is passed four inches into the bowel. A small syringe is drawn nearly full of milk and then held in a vertical position while the half dram of medicine is poured into it. The air is expelled, and while the syringe is still held vertically the fluid is forced into the rectum. In this manner not a drop of the medicine is lost. The child experiences a temporary burning sensation to which it rapidly grows accustomed. If this treatment is persisted in for months, the expectoration, cough, and dyspnea all improve, the signs of dilatation, especially around the base, diminish, and the general condition is correspondingly better, even proceeding to a veritable cure.

Dr. Florence Hunt, a member of the Illinois State Board of Health, is said to be the only woman delegate to the International Medical Congress at Moscow.

Kansas Medical Journal.

PUBLISHED WEEKLY

BY THE UNION PUBLISHING COMPANY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers by forwarding in Registered Letter. Address

UNION PUBLISHING CO.,
TOPEKA, KAS.

W. E. McVEY, B.S., M.D., EDITOR.

COLLABORATORS:

J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.
W. S. LINDSAY, M.D., Topeka, Kas.
JOS. B. CONNELL, B.S., LL.B., M.D., Kansas City, Mo.

Topeka, Kansas, Saturday, Aug. 14, 1897.

THERE was never a medical fad so grotesque, so impossible but it was welcomed with open arms in Topeka. There was never a quack so obtrusive, so rascally or so glaringly ignorant but he would find a rich harvest among the denizens of the capital of Kansas. Preachers as a class are reputed among members of the medical profession to be supporters of the quack profession. Lawyers are usually considered careful, thoughtful men who, though they are occasionally by a few well chosen questions able to puzzle an expert witness, are seldom ready to assume the responsibility of caring for the health of the people. But it is a newspaper fact that one of the prominent lawyers of this beautiful city has recently developed as one of the strong supporters of the star actor in the most recent act of medical jugglery, and in his conceit offers the public the information that Harvey did not discover the circulation, and that the heart does not circulate the blood. These assertions are followed by an *expose* of his own knowledge of the true physiology of the circulation which displays the reasoning of a great lawyer, the wisdom of a philosopher(?). An old Negro woman has recently been discovered who has dreamed anatomy and physiology, studied pathology in the clouds and sky and absorbed miraculous healing power from the lightning. The sick are healed, the lame walk and the blind see, and it would seem that occasionally even the dead rise. Evidently Schlatter is outdone. How can we hope to secure favorable legislation when intelligent people place dreams and superstitious orgies upon a par with the great medical schools and hospitals of the land?

DR. J. M. FRANKENBURGER, of Kansas City, Mo., has been elected professor of physical diagnosis in the Kansas City College of Medicine and Surgery.

Proceedings and Discussions of the Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery held its regular monthly meeting in A. O. U. W. hall, Monday evening, August 9, the president, Dr. Barnes, presiding.

Members present were: Drs. R. E. McVey, B. D. Eastman, D. E. Esterly, R. S. Magee, W. E. McVey, O. P. Davis, T. W. McLaughlin, H. L. Alkire, Ida C. Barnes, H. E. Adams, and S. G. Stewart. Visitor: Dr. Judd.

Enucleation (R. S. MAGEE). See page 449.

Discussion—Dr. Alkire: Have not much to say except to compliment the doctor on the manner of presenting the subject, especially indications for enucleation. Would like to mention a similar case in which traumatism had destroyed one eye and sympathetic inflammation was beginning in the opposite eye. There was marked photo-

phobia and lachrymation. The doctor had been administering some form of antiphlogistic treatment in the hope of saving the eye. When I saw the case there was marked panophthalmitis in affected eye and a progressive sympathetic trouble in the other eye. History of case being that of scrofula and alcoholic excesses made it necessary to enucleate. Inflammation of the eye and surrounding tissue prevented doing the ordinary operation, so the eye was dissected out and cavity irrigated with antiseptic solutions and packed with iodoform gauze. Patient made a good recovery, all symptoms of sympathetic trouble in other eye disappearing. Was ready for artificial eye three weeks after operation.

Dr. Esterly: In enucleation for panophthalmitis I would prefer evisceration at first on account of the great inflammatory condition of the orbit, less danger of secondary trouble, and the more rapid retraction of tissue after evisceration giving a serviceable socket sooner. I know nothing about Mule's operation. Have never seen it. None of the ten surgeons at the Will's Hospital ever did that operation during my service. I enjoyed Dr. Magee's paper very much.

Dr. R. E. McVey: I enjoyed Dr. Magee's paper because I don't know anything about the subject. I want to ask him in what per cent. of cases the other eye becomes affected? I had five or six cases in my early practice of foreign bodies in the eye. In all these cases the injured eye was entirely blind, but was not removed and the other eye was not damaged, and is still in use although twenty or thirty years has elapsed.

Dr. Magee: I would like to ask Dr. W. E. McVey if there was any connection between the throat and eye trouble in this case?

Dr. W. E. McVey: I don't think there could be said to be any connection between the two affections. There is one thing that has been puzzling me ever since the paper was read, and that is, What was the glass sphere used for?

Dr. Davis: I should like to hear a satisfactory explanation of the manner in which the inflammation is transmitted to the uninjured eye.

Dr. Alkire: I would like to say one thing in regard to Mule's operation. I have done the operation myself with success and the reason I am in favor of it is because of the gratifying results I have had in my cases and seen in those of others.

Dr. R. E. McVey: I wish to ask one thing further: I did not understand Dr. Magee to give the cause of this trouble.

Dr. Magee: As to the cause of the trouble I purposely left that out of the paper. This patient and parents kept a boarding-house. When the eye was first injured it was thought something had gotten into it, and complaint was made to a friend who was interested and tried to help get the offending particle out. The doctor in charge, on account of the suspicious character of the discharge from the eye, made very careful inquiry as to all circumstances in the case and discovered that a penis syringe had been used to wash the eye which had been previously used in an attack of gonorrhea. As the patient bore evidence of no other infection, with the use of the penis syringe there can be no doubt as to the manner in which the eye became diseased. The glass sphere was used simply to take the place of the eyeball and to prevent some of the unavoidable shrinkage that always takes place in the lid. As to evisceration, that is an operation I have never done. When I have tried to place an artificial eye where evisceration had been done the portion of the eyeball remaining I have always found to be irritable and not nearly so satisfactory as enucleation. As to foreign bodies, I recall one case where there was a foreign body floating in the vitreous humor. I don't think I can give a correct answer as to the per cent. of involvement of the other eye, but it is very great, probably 90 per cent., at any rate it is high. If there is no uneasiness in the blind eye, free from pain and tenderness and no sympathetic manifestations in the good eye, I advise leaving the eye alone unless it is unsightly.

Exophthalmic Goitre (O. P. DAVIS)—See page 451.

Discussion—Dr. Stewart: This is a very

interesting paper, and reminds me that the first paper I ever read before a medical society was on the subject of bronchocele in which exophthalmic goitre was mentioned. I was practicing in Ohio, and I had a great many cases of goitre, and I found that during one year I had treated sixty cases in a village of three hundred, the center of a thickly settled farming district. Among these cases were three of exophthalmic goitre. There was something peculiar in the cause of the disease which I considered endemic. All persons affected were women with the exception of two. One woman with the exophthalmic form had an immense bronchocele, which caused great difficulty in breathing. This seems to me to be caused by some severe shock to the nervous system. I have in mind two cases of chylous urine, which have lately come to my notice, which were much benefitted by treatment, but which obtained no permanent relief. The analogy to me is in this direction: There is a screw loose in the nutritive process, and in all probability in both diseases the nervous system is at fault. I have seen two cases of exophthalmic goitre in which the eye sight was finally lost. I used the thyroid in one of these cases with marked improvement. The doctor's paper was very excellent, and I wish we might have more papers like it.

Dr. Eastman: One phase of the paper which particularly interested me is the probability that the disease may be caused by toxines produced in the digestive tract. I have sometimes wondered if insanity may not be caused by these same toxines. In illustration, sometime since a woman, vigorous and apparently healthy, a farmer's wife, while milking the cows one Sunday afternoon, suddenly became very maniacal, shouting and making great disturbance. She was taken on Monday to the probate court and adjudged insane. The judge telegraphed me if he could send her immediately since he considered she needed immediate attention. This request I granted, and she was admitted to the asylum on Tuesday. Her tongue and teeth were as heavily coated with sordes as any case of typhoid I ever saw; face pale; bowels very much constipated. She hovered between life and death for a number of days when she began to improve. We had great hopes that she would recover, but she is now gradually sinking. The only disturbing element which we could find in her surroundings previous to the attack was a religious meeting which she had attended several times, and in which she seemed to be much interested, though in no way abnormally excited. What in the world could have caused this attack I cannot imagine, unless it had come from toxemia produced through the absorption of poisonous products in the digestive tracts.

Dr. R. E. McVey: The sympathetic system is concerned in all such disturbances. Disturbance of the sympathetic system will cause a local manifestation.

Dr. Davis: I am grateful for the amount of interest this paper has received. One point in the differential diagnosis of simple bronchocele and exophthalmic goitre is, there is no tachycardia in simple bronchocele, while there always is in exophthalmic goitre. Tachycardia and palpitation are absent in simple bronchocele, while in exophthalmic goitre these symptoms never are absent. On cutting into a simple bronchocele, colloid tissue will be found and very little vascular matter. In exophthalmic goitre there is much vascular distribution. Thyroid extract is not indicated in exophthalmic goitre.

Malarial Poisoning (DR. S. G. STEWART)—This happened a number of years ago. A young woman who had lived in the place where I was practicing but who had married and moved further west, had become insane and was brought back to her old home rather than to an asylum. I was called to see her and found she had a slight febrile disturbance. She was still but perfectly oblivious to her surroundings. It occurred to me that perhaps this was a case of malarial poisoning as she had come from a malarious district. I put her upon large doses of quinine and was gratified by immediate improvement with rapid and complete restoration to health.

HARRIET E. ADAMS,
Secretary.

Putrefaction of Proteids in the Stomach

American Journal of the Medical Sciences.

Though much attention has been paid to the fermentative changes in the carbohydrates which are met with in the stomach, but little study has been given to the abnormal fermentative or putrefactive process which occurs at the expense of the proteids of the food. Among the products of this process, hydrogen sulphide, H_2S, is not infrequently met with, and is particularly disagreeable because of its offensive odor. A case of this type, in which hydrogen-sulphide putrefaction was a prominent feature, has been carefully studied by Strauss (*Berliner klinische Wochenschrift*, 1896, No. 18). Bacteriological examination of the stomach contents disclosed the presence of a germ corresponding closely to the characters of bacillus coli communis; it grew characteristically on gelatin and agar, produced gas and acid when grown in sugar broth, coagulated milk with production of acid, produced indol in sugar-free broth, and on potato formed a somewhat brownish, abundant growth. It was furthermore ascertained that bacillus coli communis regularly produces hydrogen sulphide in detectable quantity when grown in an abundant amount of ordinary agar or in peptonic water, and in peptonic broth in an atmosphere of hydrogen.

The symptoms of the case varied somewhat, and it was found that a peculiar relationship existed between the production of hydrogen sulphide and lactic acid formation. At the beginning of the illness, when the symptoms were severe, hydrogen sulphide was present in considerable quantity, but no lactic acid was detected; but later, when the symptoms had subsided somewhat, lactic acid was present, while hydrogen sulphide was not found. In seeking an explanation of this fact it was found that the addition of grape-sugar to the stomach contents undergoing the hydrogen sulphide fermentation brought this quickly to an end, with a coincident abundant formation of carbon dioxide as the result of the fermentation of the sugar. This suggests, of course, that in the sugar the bacillus coli finds a more easily assimilable food than in proteids, and we have thus an explanation of the well-known fact that the administration of carbohydrates tends to lessen proteid putrefaction in the stomach.

The Influence of Drugs Upon the Secretion of Bile.

Therapeutic Gazette.

In the *Journal of Experimental Medicine*, just issued, is an exceedingly interesting communication by Dr. Franz Pfaff, and a student of medicine, Mr. Balch, upon this important subject. Their studies were made upon a woman of 38 years, who entered the Massachusetts General Hospital, and who acquired, as a result of a necessary operation, a biliary fistula. After the patient had recovered from the operation, and had regained her normal health, except for the continuance of the biliary discharge from the fistulous opening, Messrs. Pfaff and Balch proceeded to put her upon a standard diet, and then to study the changes which took place in the biliary outflow from hour to hour and day to day. Although results obtained from a single individual can not be used as a positive determining factor in the decision of a scientific question owing to the possibility of idiosyncracy in the individual producing unexpected results, a number of the facts which they have obtained are of great interest, and throw considerable light upon previous researches which have been made upon this subject.

In the early part of their paper they gave a valuable summary of practically all the work which has been done upon the biliary secretion in human beings, excluding whenever possible studies and results which were, evidently, from their character of little value in the production of scientific results. After careful study of the results which were obtained by these early investigators, and guided to a certain extent by these conclusions, Pfaff and Balch then proceeded to administer to their patient different sub-

stances supposed to possess a stimulant influence upon the flow of the bile. We have not space in this notice to describe the technique and details of their investigation; suffice it to state that the results which they have obtained are quite at variance with those which have been expected, and we find to our surprise, as it was doubtless to themselves, that there was practically but one substance which materially increased the flow of bile, provided that the considerable variations which naturally take place independent of the influence of remedies were excluded—this substance was bile itself. Thus, under the ingestion of the woman's own bile, which had been inspissated and made up into pills, the total quantity of bile secreted in 24 hours rose from about 500 cubic centimeters in 24 hours to nearly 700 cubic centimeters, and when the bile was no longer administered decreased to 449 cubic centimeters.

When ox bile was given it rose to nearly 800 cubic centimeters, and fell with great rapidity to about 400 cubic centimeters as soon as the substance was no longer administered; and finally, when the bile salts were given a similar and almost equally marked increase occurred.

On the other hand, the administration of calomel produced absolutely no effect, and corrosive sublimate was equally as ineffective, no variations from the normal flow being produced.

The only drug which seemed to have any considerable influence beyond the bile which we have mentioned was salol, but even this produced so slight an increase that there is grave doubt as to whether it produced actual stimulation of biliary flow, for the flow only increased from 460 to 540 cubic centimeters. Although these results are surprising when compared to the results which we expect to obtain in the ordinary practice of medicine when calomel and other cholagogues are administered, they do not set themselves as diametrically opposed to the conclusions which have been reached by various investigators, for it is a well known fact that many of the doses which have been found to produce a marked increase in the biliary flow in animals, or in man, suffering from biliary fistula, have no such influence in a healthy individual; and, on the other hand, that some substances which are not considered by the average physician as possessing any hepatic influence have markedly increased the excretion of this hepatic secretion in experimental research. The variations between practical experience and the various scientific investigations which have been made upon cases of biliary fistula seem to make it evident that the mere existence of a biliary fistula in some unknown way modifies the influence of drugs which ordinarily possess the power of stimulating the liver to increased biliary secretion or excretion.

While all studies of this character must be regarded as of great importance and considerable interest, we can not help feeling that it will be a long time before practicing physicians will be willing to accept the idea that calomel and similar substances possess no influence upon the flow of bile in the ordinary individual.

Any physician or surgeon who has under his care a case of biliary fistula should utilize it in carrying out a careful investigation concerning this important subject, for it is only by comparing the results obtained in many investigations and eliminating the personal factors which are present in each case, that rules capable of wide application can be formulated for our guidance in practical medicine.

Idaho State Board of Medical Examiners.

This new organization is getting in shape for business and registering the physicians under the new law. Dr. C. L. Sweet, the secretary, has a large amount of work to do, and in fact the full board, in re-organizing the State on a medical basis, is kept busy. The physicians of the State have been furnished with blanks and are given the privileges of having their diplomas registered where they already have certificates. The first examination session will be held on

September 6, at Boise City, in the State house, at 10 a. m., and everything will be running along smoothly and nicely in a short time. The *Sentinel* predicts that scarcely twelve months will have elapsed until Idaho will be known all over the country as having in operation one of the best medical laws in existence, and that this law is in the hands of a board competent and eager to enforce the same.

A New Remedy for Diarrhea.

In the intestinal antiseptic orphol (betanaphtol-bismuth) we have a remedy which gives the same good results as are obtained from the use of betanaphtol, without its drawbacks. It does not produce any burning sensation, and is easily administered, even to children. In the diarrhea of children it is especially serviceable. The dose varies from 1 to 5 gme. (15 to 75 gr.) per diem for children and infants. It may be given with either milk or honey. The noticeable good effects in these cases are that the stools lose their fetid odor, watery character, and green color. The dose for adults is from 5 to 10 gme. (75 to 150 gr.) a day. Good results have been obtained from its administration in the diarrhea of phthisis and typhoid fever in adults.

The Management of Buboes the Result of Chancroid.

Dr. C. T. avis Drennan in *Medical Mirror* formulates the following conclusions, viz.:

1. When the patient presents himself within the first few hours of lymphadenitis, abortive treatment nauturally suggests itself—absolute rest, saline cathartics, and continuous application of heat.

2. If at the end of thirty-six hours no improvement manifests itself, the gland or glands should be enucleated under strict antiseptic precautions.

3. When the patient has signs of pus-formation, tapping the abscess under antiseptic precautions, and washing it out with from 1-3000 or 1-4000 bichloride solution will usually be followed by good results.

4. If the skin is thoroughly devitalized or abscess has ruptured of its own accord, and sinuses are formed here and there, open boldly in the line of Poupart's ligament, slitting up wherever sinuses are found; enucleating thoroughly all swollen glands, curetting and removing all necrosed tissue, washing out wound with pyrozone, followed by 1-3000 bichloride solution, packing thoroughly with iodoform gauze, application of absorbent cotton to the parts, and spica-bandage.

A Liberal Education.

Medical Review of Reviews.

Mr. Huxley says: "That man has a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with will and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold logic engine, with all its parts of equal strength and in smooth working order, ready, like the steam engine, to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind; whose mind is stored with a knowledge of the great and fundamental truths of Nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to a halt by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of Nature or art, to hate all vileness, and to respect others as himself. Such a one, and no other, has had a liberal education."

Patterson, N. J., has a new law that forbids any person dealing in ice cut from filthy ponds, rivers or lakes. The Health Board, aided by the police, is now seeking to enforce the law.

Imperial Granum.

This standard prepared food for invalids and children has won the enviable distinction of having successfully stood the crucial test of years of actual clinical experience in private practice, sanitariums and hospitals, while numerous competing preparations have appeared and disappeared—often so completely that even their names are forgotten. The Imperial Granum, however, enjoys so universally the confidence of physicians that its merits are beyond dispute. Moreover, the decision of its manufacturers not to publicly advertise it has secured for it the endorsement of even the most ethical members of the medical profession, who dislike to prescribe any article advertised broadcast to the people and profession alike. Physicians can obtain sample packages free, charges prepaid, on application to the Imperial Granum Co., New Haven, Ct., or John Carle & Sons, New York City.

Therapeutics of Lactophenin.

Dr. Geo. Howard Thompson, professor of materia medica in the St. Louis College of Physicians and Surgeons, contributes a second clinical report on lactophenin to the *Tri-State Medical Journal*, May, 1897. His first report was written a year ago. He says he has "continued the use of this valuable product with increasing satisfaction. It is a definite chemical body differing from phenacetin in that lactic acid replaces acetic acid," and this "seems to overcome entirely the possibility of cardiac depression of the conversion of hæmoglobin into methæmoglobin, an attribute only too frequently met with in antipyrin, acetanility and phenacetin."

He says further, "As an analgesic it is equal to the best pain reliever in the materia medica," and he quotes three cases in detail in which lactophenin achieved excellent results.

The conclusion arrived at by the author, from his extended experience with lactophenin, is that his cases indicate to him "the great superiority of lactophenin over phenacetin and other members of the coal tar group of antipyretics and analgesics."

The Hamilton Decalogue.

Woman's Medical Journal.

The following terse sayings are attributed to the late Dr. Frank H. Hamilton:

1. The best thing for the insides of a man is the outside of a horse.

2. Blessed is he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

3. Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose.

4. The lives of most men are in their own hands, and, as a rule, the just verdict after death would be—felo de se.

5. Health must be earned—it can seldom be bought.

6. A change of air is less valuable than a change of scene. The air is changed every time the wind is changed.

7. Mould and decaying vegetables in a cellar weave shrouds for the upper chambers.

8. Dirt, debauchery, disease and death are successful links in the same chain.

9. Calisthenics may be very genteel, and romping very ungenteel; but one is the shadow, the other the substance, of healthful exercise.

10. Girls need health as much—nay, more than boys. They can obtain it as boys do, by running, tumbling—by all sorts of innocent vagrancy. At least once a day girls should have their halters taken off, and be turned loose like young colts.

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics" is only one dollar ($1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth avenue, Chicago.